

2006 CBT/OTEP 434 Cardiovascular Emergencies EMERGENCY MEDICAL SERVICES (5/26/05) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		ID #	DATE		
Objective: Given a partner, appropriate equipment and a patient with chest pain, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 434 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines time of onset of complaint, signs or symptoms <input type="checkbox"/> Obtains names/dosages of current medications and were any taken – (e.g., Viagra, Cialis, Levitra, NTG)					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs - listens to lung sounds and compares sides <input type="checkbox"/> Performs appropriate medical / trauma exam — exposes/checks for bleeding and/or injuries <input type="checkbox"/> Connects monitoring leads and monitors patient (if trained to do so and if appropriate) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes impression <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Properly assists with patient's nitroglycerine (if indicated) <input type="checkbox"/> Connects monitoring leads and monitors pt. (if trained to do so)			<input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Monitors patient's vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> _____ (additional) <input type="checkbox"/> _____ (additional)		
			CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)		
COMMUNICATION AND DOCUMENTATION			MEETS STANDARDS (RECERT)		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			ID #		
			IF NO EXPLAIN		

CBT/OTEP 434 Cardiovascular Emergencies

Student Name

Recert Yes No Date

Written Score

(online / other)

2006 CBT/OTEP 442 Stroke EMERGENCY MEDICAL SERVICES (5/25/05) MH			SKILLS CHECKLIST FOR RECERTIFICATION		
NAME	ID #	DATE			
Objective: Given a partner, proper equipment and a patient with s/s of a stroke, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 442 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines time of onset of complaint, signs or symptoms (appreciates 3 hr. time frame for definitive care) <input type="checkbox"/> Obtains names/dosages of current medications					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate medical / trauma exam — exposes/checks for bleeding and/or injuries <input type="checkbox"/> Performs Cincinnati Prehospital Stroke Scale (facial droop, arm drift and slurred speech) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes impression <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs Cincinnati Stroke Scale (interprets findings) <input type="checkbox"/> Monitors patient's vital signs			<input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> Initiates proper transportation and notification for a stroke patient <input type="checkbox"/> _____ (additional) <input type="checkbox"/> _____ (additional)		
			CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)		
COMMUNICATION AND DOCUMENTATION			MEETS STANDARDS (RECERT)		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			ID #		
			IF NO EXPLAIN		

CBT/OTEP 442 Stroke

Student Name

Recert Yes No Date

Written Score

(online / other)

TIME →						
Blood Pressure						
Pulse Rate						
Respiratory Rate						
Consciousness						
ECG Rhythm						
Oxygen						
Meds						
(Pulse Oximetry)						
(Glucometry)						

Medications taken by patient at home

Allergies

Chief Complaint

Narrative

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2006 CBT/OTEP 445 Head/Spine Injuries EMERGENCY MEDICAL SERVICES (5/25/05) MH				SKILLS CHECKLIST FOR RECERTIFICATION	
NAME <small>PRINT STUDENT'S NAME</small>		ID #	DATE		
Objective: Given a partner, proper equipment and a patient with a head/spine injury, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 445 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint <input type="checkbox"/> Follows SAMPLE and OPQRST investigation (if possible) <input type="checkbox"/> Obtains names/dosages of current medications (if possible)					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs <input type="checkbox"/> Performs appropriate medical / trauma exam - exposes/checks for bleeding and/or injuries <input type="checkbox"/> Notes/records any neurologic deficits <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes impression <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Immediately stabilizes the head in a neutral in-line position <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Applies dressings/bandage to wound (as indicated) <input type="checkbox"/> Properly positions patient			<input type="checkbox"/> Performs proper spinal immobilization <input type="checkbox"/> Initiates steps to prevent heat loss <input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Glucometry/oximetry <input type="checkbox"/> _____(additional)		
			CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)		
COMMUNICATION AND DOCUMENTATION			MEETS STANDARDS (RECERT)		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			ID #		
			IF NO EXPLAIN		

CBT/OTEP 445 Head/Spine Injuries

Student Name

Recert Yes No Date

Written Score

(online / other)

2006 CBT/OTEP 450 Diabetes EMERGENCY MEDICAL SERVICES (5/25/05) MH			SKILLS CHECKLIST FOR RECERTIFICATION		
NAME	PRINT STUDENT'S NAME	ID #		DATE	
Objective: Given a partner, appropriate equipment and a patient with a diabetic condition, demonstrate appropriate assessment and treatment as outlined in CBT/OTEP 450 and EMT Patient Care Guidelines.					
SCENE SIZE-UP (must verbalize)					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI/NOI	<input type="checkbox"/> Number of Patients	<input type="checkbox"/> Additional Resources	
INITIAL ASSESSMENT (must verbalize)					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK
SUBJECTIVE (FOCUSED HISTORY)					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied/actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines time of onset of complaint, signs or symptoms <input type="checkbox"/> Obtains names/dosages of current medications and were any taken					
OBJECTIVE (PHYSICAL EXAM)					
<input type="checkbox"/> Records and documents baseline vital signs - confirms patient's ability to swallow (as indicated) <input type="checkbox"/> Performs appropriate medical / trauma exam – exposes/checks for bleeding and/or injuries <input type="checkbox"/> Performs blood glucometry and records findings (if trained to do so) <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
ASSESSMENT (IMPRESSION)					
<input type="checkbox"/> Verbalizes impression <input type="checkbox"/> Determines if ALS is needed — states rationale _____					
PLAN (TREATMENT)					
GENERAL CARE (Check all that apply) <input type="checkbox"/> Indicates need for ALS and/or immediate transport (SICK) <input type="checkbox"/> Administers appropriate rate and delivery of oxygen (as indicated) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Performs blood glucometry and records findings (if trained) <input type="checkbox"/> Provides oral glucose (if indicated)			<input type="checkbox"/> Monitors patient vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> Oximetry <input type="checkbox"/> Follows proper “ after-care ” procedures (if indicated) <input type="checkbox"/> _____ (additional) <input type="checkbox"/> _____ (additional)		
			CRITICAL (FAIL) CRITERIA DID NOT... <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for ALS and/or immediate transport (SICK)		
COMMUNICATION AND DOCUMENTATION			MEETS STANDARDS (RECERT)		
<input type="checkbox"/> Delivers timely and effective short report (if indicated) <input type="checkbox"/> Completes SOAP narrative portion of incident response form			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			ID #		
			IF NO EXPLAIN		

CBT/OTEP 450 Diabetes

Student Name

Recert Yes No

Date

Written Score

(online / other)

2006 CBT/OTEP 930 Death and Dying EMERGENCY MEDICAL SERVICES (1/5/06) MH			CHECKLIST FOR RECERTIFICATION		
NAME	ID #	DATE			
PRINT STUDENT'S NAME					
Objective: In a "roundtable" discussion group and given POLST, DNR orders or advanced directives, EMS providers will discuss and demonstrate appropriate assessment, treatment and interaction given at least three death and dying scenarios (to include compelling reasons, if applicable), applying the guidelines outlined in CBT/OTEP 930 and EMT Patient Care Guidelines.					
Roundtable Exercise					
<div> <input type="checkbox"/> This exercise for CBT/OTEP 930 Death and Dying course with a roundtable discussion panel was completed. <input type="checkbox"/> The above individual met standards regarding specific knowledge of: <ul style="list-style-type: none"> - advanced directives - POLST - DNR orders - compelling reasons </div> The exercise contained: <div> <input type="checkbox"/> A general explanation of the physiology of death (as covered in CBT/OTEP 930) <ul style="list-style-type: none"> - cessation of pulse and breathing - lividity - rigor mortis <input type="checkbox"/> An explanation/discussion regarding (as covered in CBT/OTEP 930) <ul style="list-style-type: none"> - withholding resuscitation - compelling reasons - the dying patient - palliative measures <input type="checkbox"/> Legal/ethical concerns (as covered in CBT/OTEP 930) <ul style="list-style-type: none"> - why families call 911 - withholding CPR - advanced directives - POLST </div> <p><i>This exercise/review evaluation fulfills the practical requirements for this course.</i></p>					
COMMUNICATION AND DOCUMENTATION			MEETS STANDARDS (RECERT)		
<input type="checkbox"/> Delivers timely and effective short report (if indicated)			<input type="checkbox"/> YES <input type="checkbox"/> NO 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVALUATOR SIGN YOUR NAME			ID #		
			IF NO EXPLAIN		

CBT/OTEP 930 Death and Dying

Student Name

Recert Yes No

Date

Written Score

(online / other)

2006 CBT/OTEP 620 Infectious Disease

EMERGENCY MEDICAL SERVICES (5/2/05) MH

INFECTIOUS DISEASE PROGRAM REVIEW

REQUIRED ANNUALLY FOR RECERTIFICATION

NAME

PRINT STUDENT'S NAME

ID #

DATE

Objective: To fulfill the requirements of WAC 296-305-0251 which states "All firefighter/EMTs shall be required to annually review the infectious disease information, updates, protocols, and equipment used in their department's infectious disease plan. Additional specific training requirements are outlined in WAC 296-823-12005."

- ☐ The CBT/OTEP 620 Infectious Disease course was completed and the "written" exam was completed with a score greater than 70%.
- ☐ The person who conducted the required review of the department's infectious disease policy is knowledgeable about the program and its contents.

The review contained:

- ☐ A general explanation of the epidemiology, symptoms and transmission of infectious diseases. (covered in CBT/OTEP 620)
- ☐ An explanation of the department's exposure control plan
- ☐ Information about available personal protective equipment (PPE)
- ☐ Information pertaining to the reporting of an exposure
- ☐ Information about post exposure evaluation and follow-up procedures following an exposure incident

This review fulfills the requirements set forth in WAC 296-305-0251 and WAC 296-823-12005
(It is advised that the above WACs are reviewed to assure compliance with Washington State law.)

COMMUNICATION AND DOCUMENTATION

- ☐ Delivers timely and effective **short report** (if indicated)
- ☐ Completes SOAP narrative portion of incident response form

EVALUATOR SIGN YOUR NAME

ID #

MEETS STANDARDS (RECERT)

☐ YES ☐ NO

2nd ATTEMPT

☐ YES ☐ NO

IF NO EXPLAIN